Canadian Community Health Survey

topics

Cycle 1.2 Report 3

Mental Health Service Providers in Nova Scotia – From CCHS 1.2

August 2004

Introduction

The Canadian Community Health Survey (CCHS) is a new series of health surveys being conducted by Statistics Canada. Its purpose is to provide regular and timely cross-sectional estimates of health determinants, health status, and health system utilization for 136 health regions across the country. Data from the second instalment of the CCHS, Cycle 1.2, was collected between May and December of 2002, and released in November 2003. The survey collected information from about 37,000 individuals, aged 15 and older, in all provinces. This second cycle of the CCHS was a smaller survey and was focussed solely on mental health and addictions issues.

This monograph is a the third in a series of reports from the CCHS 1.2 – Mental Health, and focuses on mental health service providers and associated factors.

Highlights

- 73% of Nova Scotians have had counselling or therapy at some point in their life.
- Women tend to access mental health services more than men.
- The professional most frequently cited as the one consulted regarding emotional, psychological, drugs or alcohol (mental health) related problems is the family doctor (18.3%), followed by psychiatrist (11.2%) then psychologist (8.2%).
- Few Nova Scotians (5.2%) report not receiving mental health care when they felt they needed it.
- The most frequently cited type of care not received when it was felt to be needed was therapy and counselling (59.2%).
- The most frequently cited reason for not receiving care when it was felt to be needed was, "preferred to manage on my own."
- The second most frequently cited reason for not receiving care when it was felt to be needed was "afraid to ask for help or what other would think."
- Satisfaction ratings for mental health care range from 65% to 93%.
- Combined helpfulness rating of, "a lot" and "some" ranges from 67% to 90%.

NOVA SCOTIA
Department of Health

106-04757/

Results

Who is accessed?

Currently in Nova Scotia , 408 psychologist are registered with the Nova Scotia Board of Examiners in Psychology (330 permanent registrations, and 78 candidate registrations). There are also 144 functioning psychiatrists (135 licensed and 9 general practitioners identified through practice pattern analysis or self report). This does not necessarily mean there are 144 full-time psychiatrist in the province. Some of these psychiatrists are locums, some are semi-retired or work part time, and some may be on maternity/paternity leave.

The number of other professionals such as nurses, social workers, and religious advisors, functioning as mental health professionals is difficult to determine. However, as this monograph illustrates, they often serve in this role.

The survey asked about seven specific service providers and "other" mental health professional. Only six of the professionals were cited by respondents with sufficient frequency to allow analysis according to Statistic Canada Guidelines. These six were psychiatrist, family doctor, psychologist, nurse, social worker, and religious advisor. "Other medical doctor" and "other" mental health professional were cited too infrequently to allow meaningful inferences and were dropped from the analysis.

Information on costs of mental health care in Nova Scotia is difficult to obtain because there are several professions serving this function and several payers. One group, psychiatrists, who are paid by the province, on either a free-for-service basis or by contract allow for some estimation of costs for this group. Table 1 shows that the costs of services delivered by psychiatrist was about $23,000,000 in 2002, up about $2 million over 2001.

Table. 1. Costs For Psychiatric Services – Nova Scotia By Payment Type By Year

Payment TypeProfessional	2001	2002
Fee-for-Service	$7,410,365	$7,092,957
Group Salary - Psychiatry Stabilization Fund	$130,000	$130,000
Individual Salary - Institutional PsychiatryWorker/counsellor	$2,098,841	$2,197,758
Psychiatrists Hourly	$11,503,828	$13,819,983
TOTAL	$21,145,035	$23,242,700

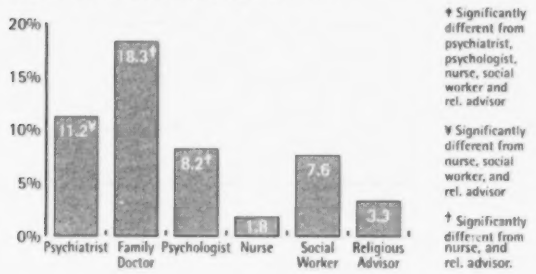
A high proportion, nearly 73%, of Nova Scotians report having had "a session of counselling or therapy that lasted 15 minutes or longer" at some time during their life with one of the mental health professionals in the survey. As seen in Table 2, this is higher than other Atlantic provinces but similar to Manitoba, a province roughly equal in population, and about equal to the Canadian proportion.

Table 2. Proportion of people who have had a counselling session of 15 mins. or longer at some time in their life by province and Canada.

Province	Percent
Nova Scotia	73.0%
New Brunswick	70.7%
P.E.I.	69.1%
Newfoundland	62.0%
Manitoba	73.1%
Canada	72.0%

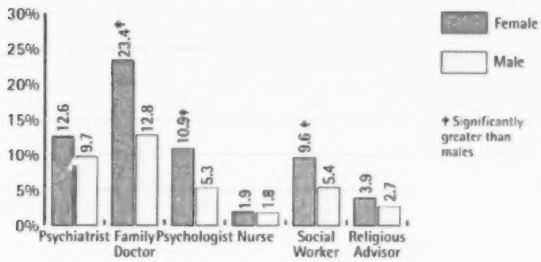
The professional most frequently reported as the one consulted regarding an "emotional, psychological, drug or alcohol (mental health) related problem" is the family doctor. Overall, significantly more Nova Scotian's (18.3%) report consulting a family doctor regarding a mental health related problem than any other professional asked about in the survey. Other professionals consulted were a psychiatrist (11.2%), followed by a psychologist (8.2%) a social worker (7.6%), a religious advisor (3.3%) and then a nurse (1.8%) (Fig. 1).

FIGURE 1 Ever Consulted (lifetime) a Professional Regarding a Mental Health Related Issues By Type of Professional, Nova Scotia, 2002, CCHS 1.2.



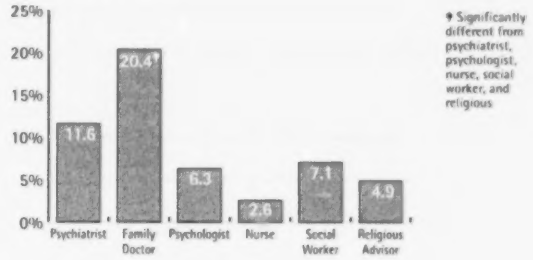
Women in Nova Scotia report consulting a mental health professional more than men. A significantly greater proportion of females than males access a family doctor, a psychologist, and a social worker, regarding a mental health related problems (Fig. 2).

FIGURE 2 Percent Who Have Ever Seen Professional Regarding a Mental Health Related Problem by Service Provider and Sex



When type of service provider consulted is examined by income quintile, a pattern emerges. The type of professional most likely reported being consulted regarding a mental health related problem is the family doctor followed by a psychiatrist, then by either a psychologist or a social worker, although the difference between psychologists and social worker is often slight. A religious advisor and a nurse are the fifth and sixth most likely providers consulted. This pattern remains the same across all income quintiles. The middle income quintiles exemplifies this pattern (See Fig. 3).

FIGURE 3 Percent Respondents In The Middle Income Quintile Who Have Ever Seen (Lifetime) A Professional Regarding a Mental Health Related Problem By Type of Professional



There were no significant differences across income quintiles, but some significant differences occurred within an income quintile. Typically this was the family doctor being significantly greater than the other five providers with a few exceptions in the lower quintiles where the family doctor was significantly different from only the psychologist or social worker. There were no significant differences within the highest income quintile among providers consulted.

When we look at "age-of-first-contact" with a professional regarding mental health issues the leading type of professional accessed changes across age-of-first-contact groups. However, there were no significant differences in the relative proportions of type of professional accessed across age-of-first-contact groups.

A Look at Service Provides Across District Health Authorities

The relative proportions of self-reported consultations with four of the mental health professionals are reported here. For two of the professional groups, nurses and religious advisors, the frequency of reporting consultations with them was too low, according to Statistics Canada guidelines, to allow reporting at district health authority level.

For psychiatrists, a significantly greater proportion of people report consulting a psychiatrist in DHA 9 than in DHA 6 (Fig. 4). For psychologists, a significantly greater proportion of people report consulting a psychologist in DHA 9 than in DHA 6 and DHA 8 (Fig.5), and a significantly greater

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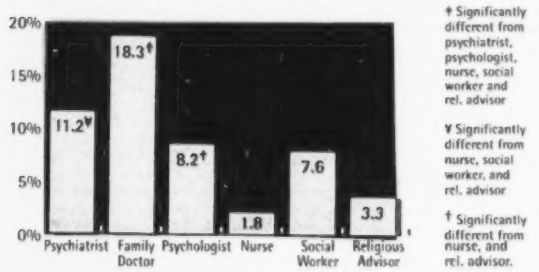

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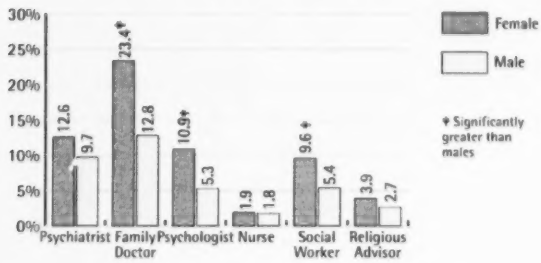

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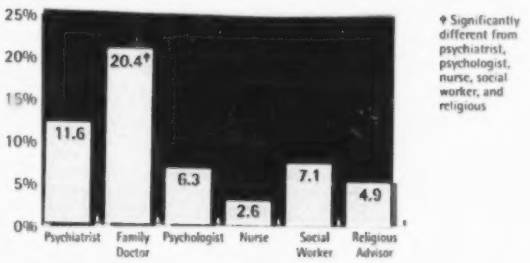

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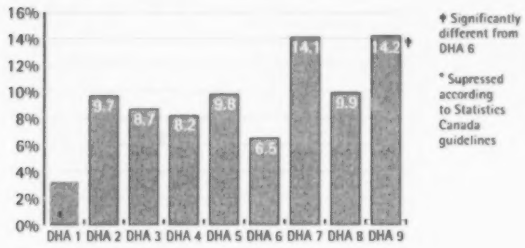
proportion of people report consulting a Social Worker in DHA 9 than in DHA 2 (Fig. 6). The fact that all differences were relative to DHA 9, may be due to the higher concentration of these professionals in the urban versus the rural setting. Nova Scotians were equally likely to report consulting their family doctors about a mental health problem across all DHA's (Fig.7).

FIGURE 4 Percent Self-Reported Consultation Wtih A Psychiatrist Regarding A Mental Health Issue by District Health Authority Nova Scotia, 2002, CCHS 1.2



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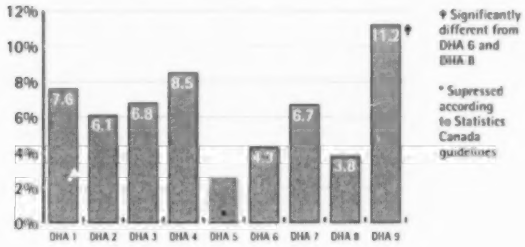
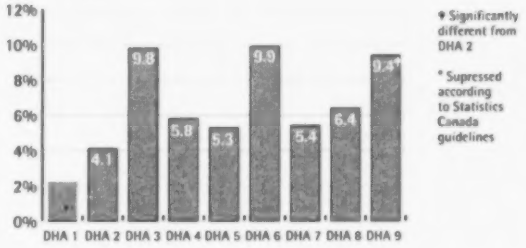


FIGURE 6 Percent Self-Reported Consultation Wtih A Social Worker Regarding A Mental Health Issue by District Health Authority Nova Scotia, 2002, CCHS 1.2



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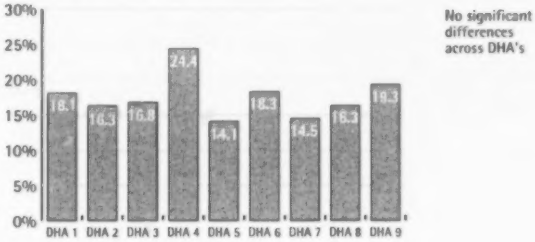
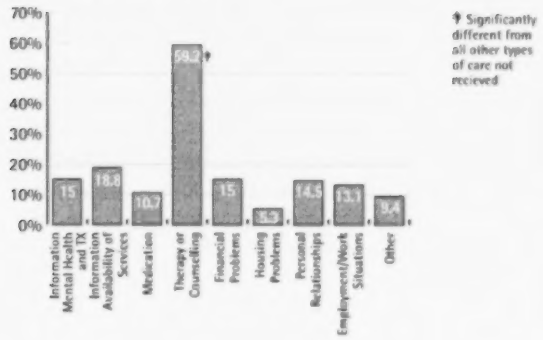


Who Is Not Receiving Mental Health Care?

Only 5.2% of Nova Scotians report that they felt they needed care regarding mental health related problems, but did not receive it. Among those who felt they needed care but did not receive it, a significantly greater proportion (59.2%) cited "therapy or counselling" as the type of care not received compared to the other types of care not received. Following counselling, other types of care that was felt needed but not received were: information on availability of services (18.8%); information on mental health issues and treatments (15.0%); help with financial problems (15.0%); and, help with personal relationships (14.5%) (Fig. 8).

FIGURE 8 Type of Mental Health Care Not Received Among Those Who Felt They Needed Care But Didn't Receive It, Nova Scotia, 2002



Among those who felt they needed care but did not receive it, the three leading reasons for not receiving care were: "preferred to manage problem on their own" (33.0%), "afraid to ask for help – or of what others would think" (31%), and "didn't get around to it" (21.4%). Other notable reasons cited were: "didn't' know how/where to get help" (16.6%), and "couldn't afford to pay" (14.3%) (Fig. 9).

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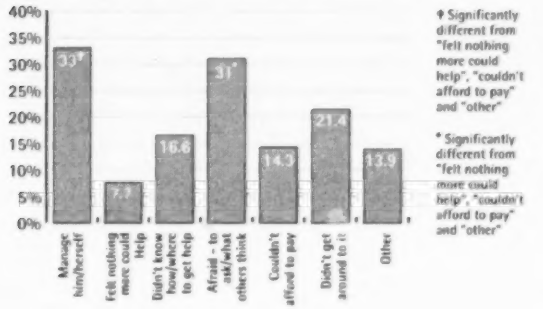


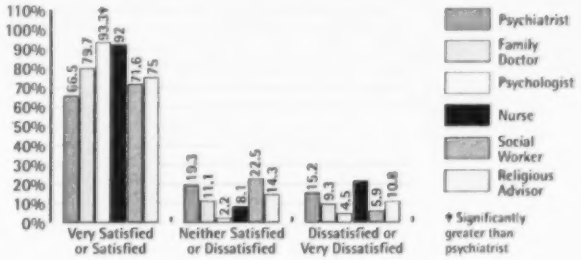
Satisfaction and Helpfulness

Satisfaction

Respondents were asked "In general, how satisfied are you with the treatments and services you received from the (particular mental health professional)?"

Nova Scotians are very satisfied with their mental health service providers. The satisfaction rating of "satisfied or very satisfied" ranged from 65% percent for psychiatrist up to 93% for psychologist (Fig 10). Conversely low percentages were reported for the category "dissatisfied or very dissatisfied" ranging from 0% for nurses to 15% for psychiatrists. All service providers had a significantly greater proportion of respondents indicating that they were "satisfied or very satisfied" compared to the proportions indicating they were "neither satisfied nor dissatisfied" or "dissatisfied or very dissatisfied"(Fig. 10).

FIGURE 10 Satisfaction Ratings For Various Professionals Consulted Past 12 Months, Regarding a Mental Health Related Problem, Nova Scotia, 2002



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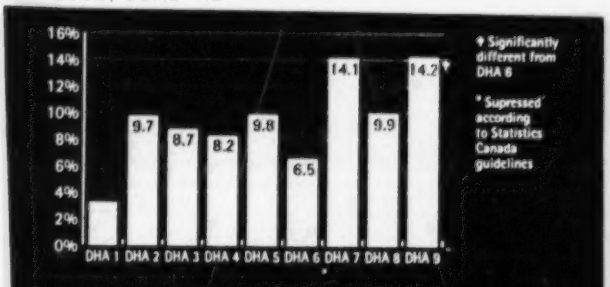

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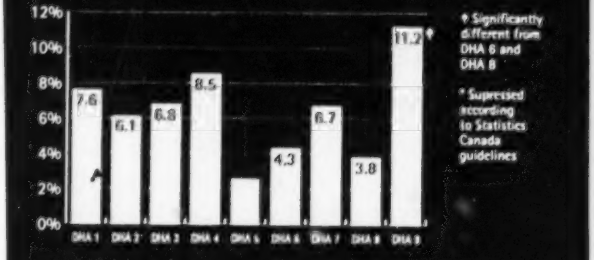

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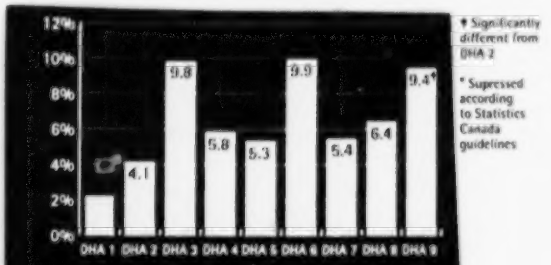

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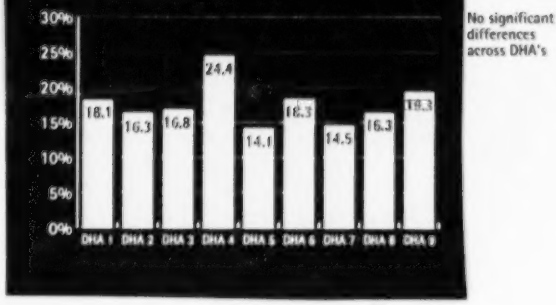

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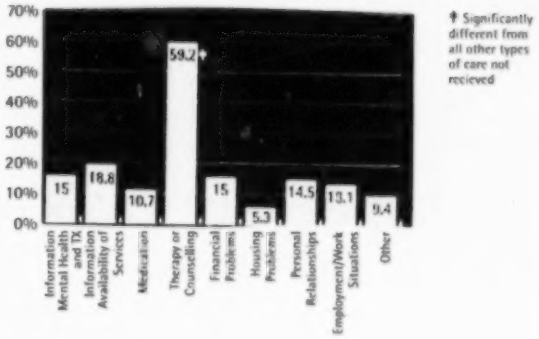
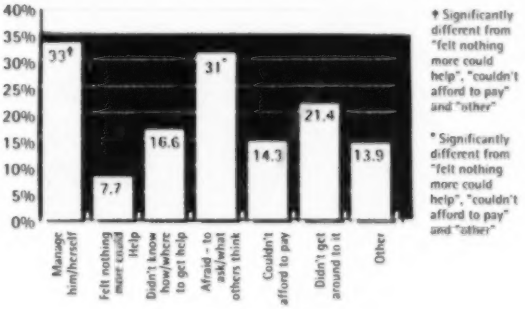


Among those who felt they needed care but did not receive it, the three leading reasons for not receiving care were: "preferred to manage problem on their own" (33.0%), "afraid to ask for help – or of what others would think" (31%), and "didn't get around to it" (21.4%). Other notable reasons cited were: "didn't' know how/where to get help" (16.6%), and "couldn't afford to pay" (14.3%) (Fig. 9).

FIGURE 9 Reasons Mental Health Care Was Not Received Among Those Who Felt They Needed Care But Did Not Receive It



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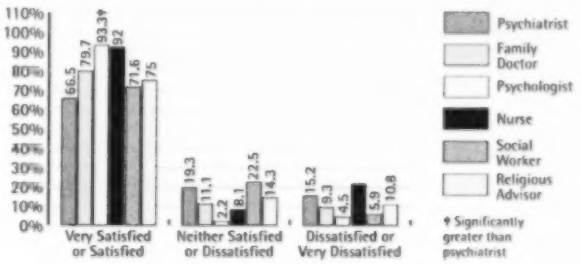

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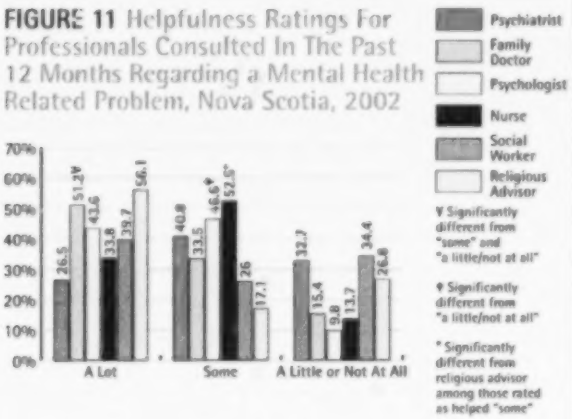
for a religious advisor to 52.5% for a nurse. The combined categories of finding a mental health service provider helps "a lot" and "some" show helpfulness ratings ranging from 67.3% for psychiatrist to 90.2% for psychologist (Fig.11).

FIGURE 11 Helpfulness Ratings For Professionals Consulted In The Past 12 Months Regarding a Mental Health Related Problem, Nova Scotia, 2002



When we compare each service provider across the helpfulness rating, we see some significant differences. First, regarding mental health related problems, a significantly greater proportion of Nova Scotians find their family doctor helps "a lot" (51.2%) compared to those who find their family doctor helps "some" (33.5%) or "a little/not at all" (15.4%) (Fig. 11). Also, a significantly greater proportion of Nova Scotians find psychologist help "some" (46.6%) compared to "a little/not at all" (9.8%) (Fig. 11).

Additional Resources:

Additional information on mental health in Canada is available on the Statistics Canada web site at: http://www.statcan.ca/Daily/English/030903/td030903.htm

This document was prepared by the Performance Measurement and Health Informatics Section, Information Management Branch, of the Nova Scotia Department of Health. For additional information on the data included in this report, please contact us at 902-424-8291.

Copies of this report are available on line at: http://www.gov.ns.ca/health/downloads/cchs_mental_health_service_providers2004.pdf

Copies of other reports in this series form CCHS 1.1 and 1. 2 are available at: http://www.gov.ns.ca/health/downloads/cchs_depression02_2004.pdf http://www.gov.ns.ca/health/downloads/cchs_utilization_2003.pdf http://www.gov.ns.ca/health/downloads/cchs_smoking_2003.pdf and http://www.gov.ns.ca/health/downloads/cchs_physical_activity_2003.pdf.

A general overview of the first instalment Cycle 1.1 data was released in October 2002 and is available at <http://www.gov.ns.ca/heal/downloads/cchs_dha.pdf>.

Appendix I

Statistics Canada Guidelines For Reporting of Estimates Based on Coefficient of Variation.

Bootstrapping techniques were used to produce the point estimate, the coefficient of variation (CV), and 95% confidence intervals (CIs). The CV's and CI's were used to decide if a point estimate could be reported.

Data with a coefficient of variation (CV) from 16.6% to 33.3% should be interpreted with caution.

Data with a coefficient of variation (CV) greater than 33.3% were suppressed due to extreme sampling variability.